



PHA 24,314

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Gust H. Bardy et al.

Art Unit: 3762

Serial No.: 09/441,936

Examiner: Kristen Mullen

Filed : November 17, 1999

For : EXTERNAL ATRIAL DEFIBRILLATOR AND METHOD FOR
PERSONAL TERMINATION OF ATRIAL FIBRILLATION

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W. Brinton Yorks, Jr.
Name of applicant, assignee, or
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W Brinton Yorks, Jr.
(Signature)

11/7/05
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Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

AMENDMENT AFTER FINAL ACTION

Dear Sir:

In response to the Office Action mailed August 23, 2005,
please amend the claims of the above-captioned patent
application to read as indicated below.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/441,936
	Filing Date	November 17, 1999
	First Named Inventor	Gust H. Bardy
	Art Unit	3762
	Examiner Name	Kristen Mullen
	Attorney Docket Number	PHA 24,314
Total Number of Pages in This Submission		12

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Receipt Confirmation Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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		7 Nov 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.